



Janice K. Brewer, Governor

Arizona State Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039

www.vetboard.az.gov

Jenna Jones, Executive Director

APPLICATION FOR AN ANIMAL CREMATORY LICENSE

Licensing Fee: \$400.00 ♦ All fees are non-refundable.

Alternative Format for Submitting Application

An individual with a disability who, as a result of the disability, requires this application to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

Please complete the following:

1. Name of Animal Crematory: _____

Physical Address of Animal Crematory: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number (____) _____ Fax Number (____) _____

Mailing Address if Different: _____

City: _____ State: _____ Zip: _____ County: _____

2. Name of each responsible owner of the animal crematory:

Check only one (1) box and complete required information:

☐ **Owner is an individual:**

Name: _____ SSN _____-_____-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (____) _____ Fax Number (____) _____

☐ **Owner is a partnership:** (If more space is required, attach a separate sheet of paper.)

Name of Partner: _____ SSN _____-_____-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (____) _____ Fax Number: (____) _____

Name of Partner: _____ SSN _____-_____-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (____) _____ Fax Number (____) _____

- ☐ **Owner is a corporation or another business form:** Supply name of all individuals owning at least 10 percent of the business. (If more space is required, attach a separate sheet of paper.)

Name of Corporation/Business: _____

Fed. ID# _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

3. Name of the operator: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

4. Descriptions: (If more space is required, attach a separate sheet of paper.)

A. Describe the services to be provided at the animal crematory: (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Individual Cremation | <input type="checkbox"/> Incineration of Sharps |
| <input type="checkbox"/> Communal Cremation | <input type="checkbox"/> Pick up and delivery of remains provided by Crematory. |
| <input type="checkbox"/> Public Viewing | <input type="checkbox"/> Transportation of remains provided by a third party. |
| <input type="checkbox"/> Private Viewing | |
| <input type="checkbox"/> Other, please describe: _____ | |
| _____ | |

B. Describe the animal crematory:

- Building: Free Standing: _____ Strip Mall: _____ Warehouse: _____ Other: _____

- Size - Square Footage: _____ Type of Ventilation: _____

- Is the animal crematory part of veterinary premise? Y N

If yes, name of premise: _____ Premise License # _____

- Equipment: Inside of Building _____

Outside of Building _____ Fenced? Y N

- Other, please describe: _____

C. Describe the cremation equipment: If more than three pieces of equipment, attach a separate sheet of paper answering the same questions as listed below:

1. Make: _____ Model: _____

- Type of unit: _____ Size of unit: _____

- Year manufactured: _____ Year installed: _____

- Last service date: _____ Has unit been modified? Yes No

If yes, date of modification: _____ Type of modification: _____

2. Make: _____ Model: _____

- Type of unit: _____ Size of unit: _____

- Year manufactured: _____ Year installed: _____

- Last service date: _____ Has unit been modified? Yes No

If yes, date of modification: _____ Type of modification: _____

3. Make: _____ Model: _____

- Type of unit: _____ Size of unit: _____

- Year manufactured: _____ Year installed: _____

- Last service date: _____ Has unit been modified? Yes No

If yes, date of modification: _____ Type of modification: _____

OPERATOR TO COMPLETE THIS SECTION:

I (please print), _____, the operator of
(name of crematory) _____ make application
to the Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona
pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants
authority to the Board to obtain information from any licensing agency or board in the United States or another
country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board
and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny
my application; **and that** the Board may report any falsification of information to other licensing agencies and
boards.

_____/_____
Signature of Operator Date

RESPONSIBLE OWNER TO COMPLETE THIS SECTION:

I (please print), _____, the responsible owner
of (name of crematory) _____ make application to the
Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona
pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants
authority to the Board to obtain information from any licensing agency or board in the United States or another
country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board
and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny
my application; **and that** the Board may report any falsification of information to other licensing agencies and
boards.

_____/_____
Signature of a Responsible Owner Date

**ALL THE FOLLOWING DOCUMENTS
MUST ACCOMPANY THIS APPLICATION**

1. Submit required non-refundable fee of \$400.00.
2. Submit evidence that the operator received training in the safe and proper operation of the cremation chamber.
3. Corporations must attach Articles of Incorporation to this application.